

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43932**

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6119		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alley Twp.		c. LENGTH OF STAY (In this place) 50 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alley Springs Mo			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Perry		a. (First) L.		b. (Middle) Younger		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Dec 30-1950		5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 5-1871		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months 0 Days 25		11. UNDER 18 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) 9				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Calvin Younger		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ester Younger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Ester Younger Alley, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X				INTERVAL BETWEEN ONSET AND DEATH 8 Mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 1, 1950 , to Dec 30, 1950 , that I last saw the deceased alive on Oct 15, 1950 , and that death occurred at 2:30pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. D. Davis		23b. ADDRESS MDU Birch Tree Mo		23c. DATE SIGNED 11-9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-1-51		24c. NAME OF CEMETERY OR CREMATORY Alley		24d. LOCATION (City, town, or county) (State) Alley, Mo.	
DATE REC'D BY LOCAL REG. 1-13-51		REGISTRAR'S SIGNATURE Mobile P...		25. FUNERAL DIRECTOR'S SIGNATURE 447		ADDRESS Duncan Funeral Home Mtn Vie, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 16 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 4325

P. O. Address Antwerp Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.